

January 16, 2004

UPDATE ON SARS AND H5N1 INFLUENZA SURVEILLANCE

Note: Please distribute to your Emergency Department

Dear Colleagues:

Yesterday we received a CDC Health Advisory on respiratory illnesses in SE Asia. One case of SARS has been confirmed in Guangdong Province of southern China, in a 32-year-old man with symptom onset on December 16, 2003. Two additional cases are under investigation and await confirmation; a 20-year-old female restaurant worker with onset of illness December 25, 2003 and a 35-year-old man with onset of symptoms December 31, 2003. All three patients are reported to be doing well and no signs or symptoms of SARS-like illness have been reported in their contacts. CDC is recommending heightened suspicion of SARS be maintained in patients who require **hospitalization** for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) **AND** who have a recent travel history to Guangdong Province (or contact with those who have such) within 10 days of onset of symptoms. Such patients should be placed in contact and airborne isolation, reported to local and state health departments, and tested for evidence of SARS-CoV as part of the diagnostic evaluation, following the guidance for Level 0 (Absence of SARS-CoV transmission Worldwide) posted on the MDCH website. (<http://www.michigan.gov/mdch>, select "Severe Acute Respiratory Syndrome")

Additionally, since the end of October 2003, 14 persons in Vietnam have been admitted to hospitals in Hanoi for severe respiratory illness. Three of these have been confirmed to have had avian influenza A (H5N1); 12 of the 14 cases have died. This strain of influenza has been associated with sporadic cases of severe respiratory illness in humans previously, and is or has been implicated in large outbreaks among poultry in Vietnam, S. Korea and Japan. At this time there is no evidence of person-to-person transmission. All cases appear to have had contact with poultry. At this time, CDC is recommending enhanced surveillance by hospitals and clinicians to identify patients who have been **hospitalized** with unexplained pneumonia, ARDS or severe respiratory illness, **AND** who have traveled to or through Vietnam, South Korea or Japan within 10 days of onset of symptoms. All such patients should be tested for influenza virus infection, including a viral culture of nasopharyngeal and throat swabs. Specimens should be placed in viral transport and **send directly to MDCH for testing**. Please indicate on the test request that these patients have a travel history to the countries indicated. Contact Bureau of Epidemiology Communicable Diseases and Immunization Division at 517-335-8165 (517-335-9030 after hours) or your local health department for patient specific guidelines. Contact Hema Kapoor, MD, Virology Manager at 517-335-8099 or Jeffrey Massey, Molecular Biology Manager at 517-335-8850 (517-335-9030 after hours) in the Bureau of Laboratories for questions on specimen collection, shipping and testing.